

**CHILD/ADOLESCENT  
ASSESSMENT - SHORT FORMAT**

**Identifying Information**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First MI

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Referred By: \_\_\_\_\_  
Person or Agency Name, Phone #

Current Living Situation: \_\_\_\_\_ ☐ Ward ☐ Dependent of Court

Primary Caretaker: Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Non-Custodial Parent: Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Legal Guardian/Foster Parent: Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Language: Primary Caretaker \_\_\_\_\_ Non-Custodial Parent \_\_\_\_\_ Guardian/Foster Parent \_\_\_\_\_

Informant: \_\_\_\_\_ Language: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Reason for Referral/Chief Complaint**

Referred Reason

Current Primary  
Symptoms/Behaviors

Recent History of  
Symptoms/Behaviors,  
Interventions &  
Responses to  
Interview, Including  
Psychotropic Meds

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<b>History</b>	
<p>Mental Health History including Meds</p> <p>Drug &amp; Alcohol History &amp; Treatment</p> <p>Medical History</p> <p>Family Mental Health &amp; Medical History</p> <p>Developmental History</p> <p>School History</p> <p>Juvenile Court History</p> <p>Child Abuse &amp; Protect. Services History</p> <p>Relevant Family Social History</p>	<p><b>Include new and/or additional information or note sources for existing History, such as Child/Adolescent Initial Assessment.</b></p>

<b>Mental Status</b>	
<p>(See Child/Adol. Initial Assessment for detail of ME categories below)</p> <p>Appearance</p> <p>Behavior</p> <p>Expressive Speech</p> <p>Thought Content</p> <p>Thought Process</p> <p>Cognition</p> <p>Mood/Affect</p> <p>Suicidality/Homicidality</p> <p>Attitude/Insight/Strength</p>	

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**IX. Summary and Diagnosis**

**A. Diagnostic Summary:** (Significant: strengths/weaknesses, observations/descriptions, or list of symptoms.)

**B. Admission Diagnosis:** (check one Prin and one Sec)

**Axis I** ☐ Prin ☐ Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
(Medications cannot be prescribed with a deferred diagnosis.)

☐ Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
Code \_\_\_\_\_ Nomenclature \_\_\_\_\_

**Axis II** ☐ Prin ☐ Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
☐ Sec Code \_\_\_\_\_ Nomenclature \_\_\_\_\_  
Code \_\_\_\_\_ Nomenclature \_\_\_\_\_

**Axis III** \_\_\_\_\_ Code \_\_\_\_\_  
\_\_\_\_\_ Code \_\_\_\_\_  
\_\_\_\_\_ Code \_\_\_\_\_

**Axis IV** Psychosocial and Environmental Problems which may affect diagnosis, treatment, or prognosis

**Primary Problem** \_\_\_\_\_ **Check as many that apply:** ☐ 1. primary support group ☐ 2. social environment  
☐ 3. educational ☐ 4. occupational ☐ 5. housing ☐ 6. economics ☐ 7. access to health care  
☐ 8. interaction with legal system ☐ 9. other psychosocial/environmental ☐ 10. inadequate information

**Axis V** Current GAF \_\_\_\_\_ **DMH Dual Diagnosis Code** \_\_\_\_\_

☐ Above Diagnosis from \_\_\_\_\_ dated \_\_\_\_\_

**C. Disposition/Recommendations/Plan:**

**X. Signatures**

\_\_\_\_\_  
Assessor's Signature & Discipline\*      Date      Co-Signature & Discipline\*\*      Date  
\*LPHA or PHA student with LPHA co-signature      \*\*Medicare requires signature of M.D. or licensed Ph.D.

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